In an emergency situation, people may not be able to get to their medical records. The **Keep It With You (KIWY) Personal Medical Information Form** is intended to be a voluntary and temporary record that lists medical care and other health information for people who need care during disasters and similar situations. It is important for health care workers to have a simple and reliable way to learn information about past and new health concerns for people receiving help.

Directions: Please fill in as much information as you can on the form. It is okay if you don't fill out every space. You might want to use a pencil if some information will change such as your address. Some information will be filled out by a health care worker, like "Active Diagnoses" and "Health Care Encounters" information. If you have an Immunization Card listing the shots you have had recently, please staple it to this form. You can store this form in a plastic bag for safe keeping.

For Health Care Workers: The KIWY form is not intended to replace hardcopy or electronic medical records, but is an interim communication tool to assist people as they navigate a potentially complex system of temporary support, housing, and clinical services. Clinicians are encouraged to adapt this format and content as necessary. It is suggested that care providers **photocopy** the document after an individual receives care, in order to maintain a record of their treatment. The original form is intended to **remain with the individual** during the time they are displaced.

HOW TO CONTACT US

Chesapeake Health Care

BERLIN, MD

9956 North Main St., Suite #2
Adult Medicine
Pediatrics
Mental Health
410-973-2820

PRINCESS ANNE, MD

12165 Elm Street
Dental
410-651-5151

12145 Elm Street
Adult Medicine Pediatrics
Ob/Gyn Mental Health
410-651-1000

Pharmacy
410-651-5555

POCOMOKE CITY, MD

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Pediatrics
Mental Health
410-957-1852

SALISBURY, MD

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443-944-9600 410-677-0561

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Mental Health
410-219-5483

560 Riverside Dr.
Suite A-204
Mental Health
443-358-6193

223 Phillip Morris Dr.
Pediatrics
410-548-1747

1665 Woodbrooke Drive
Adult Medicine
410-546-6650

1647 Woodbrooke Drive
Ob/Gyn
Maternal Fetal Medicine
410-546-2424

www.chesapeakehc.org

Chesapeake
HEALTH CARE

KEEP IT WITH YOU

PERSONAL MEDICAL INFORMATION FORM

FOR PEOPLE WHO NEED CARE DURING DISASTERS

This pamphlet can be kept in a plastic bag for safe keeping in case of an emergency

www.chesapeakehc.org

01.17.19

HEALTHCARE ENCOUNTERS

Date_____ Location_____
Symptoms/Diagnoses_____
_____
Tests/Results _____
Treatment/Follow-up Needs _____
_____

Date_____ Location_____
Symptoms/Diagnoses_____
_____
Tests/Results _____
Treatment/Follow-up Needs _____
_____

Date_____ Location_____
Symptoms/Diagnoses_____
_____
Tests/Results _____
Treatment/Follow-up Needs _____
_____

Date_____ Location_____
Symptoms/Diagnoses_____
_____
Tests/Results _____
Treatment/Follow-up Needs _____
_____

Date_____ Location_____
Symptoms/Diagnoses_____
_____
Tests/Results _____
Treatment/Follow-up Needs _____
_____

Notes:_____
_____
_____
_____

PERSONAL INFORMATION

Name_____
Date of Birth____/____/___ Male__ Female__
E-mail address_____
Home address _____
_____
City _____
State_____ Zip_____
Phone Number_____

Temporary Address _____
_____
City_____
State_____ ZIP_____
Phone Number_____

Previous evacuee center location(s):
Facility_____ City_____
Facility_____ City_____
Facility_____ City_____
Facility_____ City_____

ID Number/Case Number (if available):
_____
Parent/Guardian/Other Support Person:
Name_____
Phone # or other contact info _____
_____
Relationship_____

ACTIVE DIAGNOSES:

ALERTS:

DOCTOR OR CLINIC BEFORE EVALUATION (if known):

Name _____
City_____ State_____

ALLERGIES:

ACTIVE MEDICATIONS

Name of pharmacy chain (if known)
_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____
Medication _____
Instructions_____

Immunizations received since Evacuation_____
_____
_____
_____
_____
Attach immunization card if you have one.